



**Right from the Start: Report of the Early Childhood  
Development Technical Exchange Meeting  
Hotel Africana, Kampala  
6<sup>th</sup> -7<sup>th</sup> August 2007**

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## List of Abbreviations

ACRWC	African Charter on the rights and welfare of the child
ASQ	Age and stages questionnaire
ART	Anti retroviral therapy
ARV	Anti retroviral
CBOs	Community based organisations
CCF	Christian Children Fund
CHH	Child headed household
CRC	Convention on the rights of the child
ECDE	Early child hood development and education
ECD	Early childhood development
FBOs	Faith based organisations
HACI	Hope for African Initiative
IGAS	Income generation activities
IGP	Income generation project
MGLSD	Ministry of gender, labour and social development
NCC	National Council for Children
NECDP	National early childhood and development project
NGO	Non governmental organisation
NOP	national Orphans and other vulnerable children policy
OVC	Orphans and other vulnerable children
PEAP	Poverty eradication action plan
PEPFAR	Presidential emergency plan for AIDS relief
PSS	Psycho social support
TEM	Technical exchange meeting
UCRNN	Uganda child rights NGO network
UAC	Uganda AIDS Commission

## Introduction

The early childhood Technical Exchange meeting (TEM) was held at the Hotel Africana Kampala, Uganda from 6<sup>th</sup>-7<sup>th</sup> August 2007. The conference was jointly organised by Hope for African Initiative (HACI), Uganda Child Rights NGO Network (UCRNN) and CARE-Uganda. The exchange meeting brought together early childhood development stakeholders and implementers from Uganda, Rwanda Kenya and Zambia and some policy makers and representatives of the donor community in Uganda. Over the 2 days, the participants shared ideas, experiences, achievements and good practice. The meeting under the theme *Right from the Start* provided a platform and opportunity for OVC/ECD service providers to share experiences in implementing OVC ECD programmes and to learn and benefit from each other on how to do ECD programming better.

Several factors necessitated convening of this technical exchange meeting. These are; shortfalls in programming for Early Childhood HIV/AIDS programming, lack of a policy framework for the implementation of ECD, limited coordination among ECD Actors and lack of shared learning and replication of good practice.

On one hand, while there has been significant growth in the number of orphans and other vulnerable children's support programmes, the response is yet to significantly match the need. On the other hand, young children affected by and infected with HIV/AIDS are among those groups that have not been adequately attended to, by most OVC programmes. There has been little appreciation of the needs of young children by OVC programmes, with most developmental programmes largely targeting adults. Yet early childhood is the critical time in which all foundations for human development are laid. Delivery of ECD interventions for the Under 5s is complicated by HIV/AIDS which undermines the ability of parents and households to provide the love, care attention and other needs essential for the child's survival, development and protection. This particularly makes the under fives very vulnerable. Specific concerns that this meeting intended to address include:

- Programming is not informed by learning from what works and why
- Guidelines and standards of care for ECD where they are available are inadequately utilised for programming
- High risk of duplication of efforts and resource waste due to poorly coordinated responses
- Difficulty of monitoring and evaluating outcomes and impact of early childhood care especially at national level
- Lost opportunities for documentation, research and lessons sharing
- Limited attention of ECD implementers to the plight of vulnerable children

## **2. Objectives of the meeting**

The technical exchange meeting had 3 main objectives

- To identify strategies of placing OVC Early Childhood Development (ECD) on the national HIV/AIDS and ECD agenda
- To identify advocacy points and strategies that will influence the development of ECD policies
- To share “what works” in OVC ECD service delivery

## **3. Early childhood development: contextual appreciation**

The crucial importance of early childhood development programmes is now fully accepted. For example, proper nutrition, health care and stimulation during the early years improve learning and other abilities. Programmes that facilitate the development of the child in all its dimensions have considerable long lasting effects on the child’s life. It is during early childhood that young children experience the most rapid growth and change during the human life span in terms of their maturing bodies and nervous systems, increasing mobility communication skills and intellectual capacities and rapid shifts in their interests and abilities.

In addition it is during this period that Young children form strong emotional attachments to their parents or other care givers from whom they seek and require nurturance, care, guidance and protection in ways that are respectful of their individualities and growing capacities. Young children also during this stage actively make sense of the physical social and cultural dimensions of the world they inhabit learning progressively from their activities and their interactions with others, children as well as adults. When children become orphaned and or experience other forms of vulnerability, their normal growth and development is affected.

To date however, ECD has had low priority in government policies. ECD initiatives are limited and unevenly distributed and there are wide differences in quality of the initiatives. Most ECD programmes are developed and maintained by private sector, non governmental Organisations and international organisations. They suffer from inadequate funding, lack of coherence, coordination, stability and long term policies. In addition, existing policies and programmes for orphans and other vulnerable children do not take due cognisance of the needs of the younger children.

## 4. Summary of presentations and issues arising

### *4.1 Key note address: The impact of HIV/AIDS on early childhood development; emerging issues for policy and practice*

The key note address brought out the fundamental importance of early childhood development. The years between 0-8 are when brain growth is most rapid, when the foundations of development are established and is widely recognised as a crucial time for ensuring healthy human growth. It further highlighted the consequences of inadequate care for young children as a result of their parents being ill or dead. These include chronic malnutrition, separation from siblings, psychosocial trauma, dropping out of school or inability to attend school, inadequate love attention and affection, lack of health services and vulnerability to sexual abuse hazardous work and exploitation. The paper also presented a case for ensuring the survival of infected children and their carers.

### *4.2 Positioning HIV infected and affected OVC ECD on the National HIV/AIDS agenda*

In his presentation, Prof. Rwomushana of the Uganda AIDS Commission outlined the National HIV/AIDS agenda. The priorities are; prevention combined with treatment, building an evidence base to inform interventions and advocacy, rolling out interventions and looking out and tackling the drivers of the epidemic. To zero on target groups, it is important to conduct baselines, sero surveys, and to undertake broad consultations with a range of stakeholders including communities.

Positioning OVC ECD on the national HIV/AIDS agenda requires considering two strategic questions namely; what innovations and strategies that need to be adopted and how to reach communities as there is a disconnect between service providers and consumers at the district and lower levels. He pointed out that there are funding opportunities for civil society as the strategic plan provides for 30% of the money available will be disbursed to civil society.

### **Discussion**

Following the 2 presentations above, participants raised following issues, questions and observations.

- Are there indicators to monitor ECD interventions and performance?
- Programmes should not only focus on the child but also on the care givers as it has been demonstrated that the survival of a care giver has a direct bearing on the survival of the child.
- Who in the public sector takes lead of ECD OVC issues? In the OVC policy ECD issues are not visible and yet ECD issues are multi sectoral
- There is need to build capacity of caregivers to better prepare them to provide the necessary care to the OVC

- How do we operationalise strategic plans and make them more friendly to the users
- To what extent does the current Uganda AIDS Commission (UAC) strategic plan respond to issues raised on ECD in the key note address?

### **Response**

On indicators, it was said that there are generic indicators available in the context of HIV/AIDS multi sectoral programming. Indicators for child survival could be adapted to measure performance in respect of ECD performance. For better impact monitoring of ECD interventions, specific and clear indicators should be developed. It was also imperative to invest in data collection and to utilise such data to inform planning and policy formulation. It was observed that in some instances, data is collected but not always used to inform planning.

In terms of multi sectoral coordination, it was important that there is a lead agency to spear head coordination and ensure that other relevant agencies contribute. At the moment it is not very clear which ministry or agency is taking or should take responsibility for over all coordination of ECD OVC issues.

While developing ECD policy was desirable, it is also crucial to first study what other relevant and related policies that are already on the ground and the extent to which these are being monitored/improved /implemented.

On the extent to which the UAC strategic plan is addressing the range of issues raised in the key note address, it was mentioned that the strategic planning process was not complete. There was therefore still an opportunity for civil society to identify the gaps within the current strategic plan and bring them to the attention of UAC so that they can be incorporated into the plan before it is finalised.

## **5. Delivering comprehensive ECD services to HIV/AIDS affected OVC: High lights of what works and why**

Under this theme, a number of topics were presented and discussed.

### ***5.1. The Rwanda Nkundabaana project***

Nkundabaana are community based adult volunteers who serve as a parental replacement for children living in a number of neighbouring child headed households. The children select their mentors amongst other community members. The volunteers are tasked to make regular visits to households and help children. The Nkundabaana are at the fore front in alleviating emotional and psycho social distress and slowing the spread of HIV/AIDS. Within the larger community they advocate against the exploitation of children, land and property

rights and sensitisation of the community on Child headed households (CHH) issues. As a result of this project there is remarkable increase in the welfare of households and OVC are able to plan their daily activities and consequently plan their future. The relationship and interaction confidence and intimacy between the Nkudaabaana and OVC is more real.

### **What has worked**

The pre and implementation phase and processes were carefully thought through which enabled the project staff, communities, beneficiaries and other stakeholders to understand their roles and play these roles effectively. In addition, every part of the process was documented, looking at the challenges and lessons and allowing modifications to be done as the project was being implemented.

### **Lessons learnt**

Some lessons learnt from the Nkundabaana experience include;

- The varying needs and rights of girls and boys in infancy, early and middle childhood and adolescence must be considered by the Nkundabaana in order to provide a continuum of care protection and support
- Programmes targeting CHH must have a family approach and be linked with early childhood development opportunities and also provide for access to secondary education
- Targeting one category of children even if the most vulnerable pose the risk of creating the “lucky orphan syndrome” which creates jealousy within the community and thus weakening the available support networks.
- Project advisory committee’s have been very helpful in giving authorities a platform from where they could exercise their authority in relation to OVC with guidance from other stakeholders and the children themselves
- CARE’s voluntary savings and loan model has proven an effective motivation strategy for volunteers and significantly contributed to making the Nkundabaana model sustainable by avoiding other types of monetary compensation or motivation

### **5.2. CARE Zambia’s ECD project**

The Zambia Care ECD project works through community schools to provide holistic and sustainable early childhood services to the communities heavily impacted by AIDS and poverty. The project provides psycho social support to children and their guardians, by training teachers in PSS and child protection, encouraging learning and expression through play, providing Psychosocial (PSS) skills to care givers and guardians. It improves the quality of education and the learning environment in schools, by improving the quality of teaching and improving the learning environment. It also addresses the health and nutrition of young

children by improving referrals for children with HIV chronic conditions or special needs, improving water and sanitation and nutrition at ECD centres.

According to the project experience, taking forward the ECD OVC agenda requires that ;a department of early childhood development should be created within the ministry of education (responsible for creating policy and guidelines);curriculum guidelines for ECD should be established by the curriculum development centre taking into consideration children's needs in health ,nutrition education and psychosocial development ;revision of legal instruments to mainstream ECD within the education system ;a data base should be established to track access rates in ECD services in private and community schools well as among HIV/AIDS orphans and other vulnerable children living in all parts of Zambia as a prerequisite to setting up a mechanism to deliver services for the vulnerable and disadvantaged children and

Mobilise care givers/guardians and local communities to be involved more in ECD activities e.g. establishment of new preschools, the provision of play and learning materials, feeding programmes and growth monitoring activities and to generally demand for more services

#### **Lessons learnt**

- Awareness raising on ECD issues should precede service delivery as this enables the understanding of the ECD concept and what it means in practice
- Developing an ECD policy framework requires concerted efforts. This implies that government and relevant stake holders should come together to develop a policy framework for increasing access to ECD services and enhancing equity to ensure that especially vulnerable and disadvantaged children are not excluded.
- Expanding and improving the provision of ECD services, requires reinforcing and strengthening existing partnerships and forging new ones. This should be complemented with a supportive legal framework

#### ***5.3. Kenya: The Kibera project***

The project aims at improving developmental status of Orphans and Vulnerable Children between the ages of 0 – 8 years in communities heavily affected by HIV and AIDS

The key strategy is partnership with ECD centres, government (Children department) Community youth groups, 2 health centers, NGOs – Child Life Trust, MSF and others. The components include economic empowerment for parents and care givers, capacity building for ECD centres (skills training for staff), provision of services to children in ECD centres and public education on the importance of ECD.

#### **Lessons learnt**

- For greater impact, parents and care givers must be involved in economic empowerment, child protection and other ECD activities.

- Given the fact that ECD is yet to be widely understood and appreciated, continuous public education campaigns on the importance of ECD is crucial and this should be integrated in all ECD programmes
- Partnerships are very important and should be promoted

#### ***5.4. Action for children Uganda: Family preservation (keeping orphans and vulnerable children in stable and loving families)***

The AFC mandate is to provide holistic care and support to OVC, their care givers families and the wider community. Key programme areas of FAP are health care services which include outreach HIV counselling and testing, psychosocial support and nutrition support, housing improvement support, access to safe and clean water, strengthening income generation capacities through provision of start up grants and micro finance loans, food security enhancement at household level, parenting education to care givers, running ECD centres, education support, psycho social support ,child help lines and counselling services to children who have been abused.

#### **Lessons learnt**

- Family preservation is good, realistic and holistic in providing care and support to OVC and their families. However the model requires enormous resources in terms of money time and personnel
- Supporting IGPs remains a key strategy for helping poor and vulnerable families and households to improve their incomes and subsequently their ability to meet the OVC needs. However, projects must be suitable and realistic

#### ***5.5. Busia Hub model (Haci /Care Uganda: A model that evolved and scaled up)***

The goal of the project is to provide technical support and resources to organisations working within communities to care for and support vulnerable children and their families and to prevent further spread of HIV/AIDS. The objective of this project is to strengthen the capacity of local partners to deliver effective services to OVC and their families affected by HIV/AIDS, to expand service delivery to OVC and communities, to implement communication strategies to reduce stigma and discrimination for HIV/AIDS affected children and their families and to document and disseminate good practices and lessons learnt.

#### **What worked**

- One organisation coordinated the financing and reported on the project activities on behalf of other partners
- Each partner implemented what they knew well which did not require a lot of capacity building.(partners do best what they know best )

- Each partner reached the target beneficiaries within the project timeframe
- Care givers participation in selecting IGAs they needed to engage in, kept them focused

### **Challenges**

There are a number of challenges which the project has faced.

- The concept of working together to benefit same beneficiaries was quite new and this slowed down implementation.
- Community participation in programme beneficiary identification was limited
- Monitoring and technical support to guide project implementation was initially not prioritised
- Orientation in group dynamics and conflict management was assumed non essential and yet this impacted on the delivery of the project

These challenges have been borne in mind and have informed the scale up of this project.

### ***5.6. Addressing the impact of gender socialisation in OVC ECD programming: What works***

The paper explored the conceptual links between HIV/AIDS, vulnerability and ECD under scoring the fact that a lot of vulnerability that happens to children and people later in life is linked to early socialisation. The presentation was based on the project experiences whose overall objective was to contribute to the prevention of HIV/AIDS and Child Abuse through reducing gender related vulnerability to abuse and HIV/AIDS among children in Rakai District.

### **Lessons learnt**

- Tangible out comes and impact take a long time to be realized
- Care givers are central in successfully implementing activities and realizing results. Their perceptions and attitudes must truly change first as they cannot pass on what they do not believe in to their children.
- It takes long and with a lot of effort to convince community members (including care givers) to drop gender socialization practices that disempower girls
- It is critical to incorporate direct service delivery to cater for other needs of the households. Some families are poverty stricken to the extent that they cannot afford basic essential needs e.g. school uniforms, books and sanitary facilities for girls.
- It may be critical to target schools directly in addition to households as children spend a lot of time with teachers as well.

### ***5.7. Early childhood development and education (The Karamoja experience)***

The programme was initiated to respond to a number of issues which include; older siblings carrying young ones to ABEK centres and disrupt the teaching, structured domestic chores

built in traditions, presence of preventable diseases, malnutrition, limited access to health services and non mainstreaming of ECDE in education and other programmes.

The programme focuses on; access to ECDE programmes for preschool, promoting participation of children, parents in development & monitoring of ECDE activities, improving quality of ECDE through appropriate play, literacy, health and nutrition and promoting government responsiveness to community & children's needs

***5.8. Measuring impact: lessons learnt from using the ASQ to establish impact on ECD interventions (ages, stages questionnaire) which measures development of children between 4-60 months***

The Age and stages questionnaire (ASQ) is used to assess the development of children in problem solving, communication, gross motor, fine motor, personal social development. It was used to measure impact of the Busia Hacı ECD intervention which had four main components namely; food and nutrition (children provided with a nutritious meal at the center, Caregivers(parents) received training on nutrition), child development(care takers trained on child care and development, caregivers supported to strengthen Children's cognitive and social development through training on parenting, mother mentoring programme established for younger mothers, health (Links established with a health center to provide preventive medical services, center supported to establish medical record keeping system for children) and economic strengthening (care givers trained in group savings and loans, Small businesses selection and management, caregivers supported to start group income generating activities). The findings indicate that children from intervention group scored higher in two areas of development (fine motor and communication), had a higher average score on the ASQ and children who had attended ECD programs longer than 9 months performed better on the ASQ.

**Lessons learnt**

- It is possible to assess individual development of children in ECD programmes. Using the ASQ is one way but this needs to be adapted to the Uganda or any other country specific setting or context
- Parental participation in child assessments enhances understanding of ECD concept. However It is necessary that appropriate tools are developed that facilitate parental participation in ECD impact assessments
- Findings show that exposure to ECD programmes improves ASQ performance, highlighting the importance of ECD programmes

**Discussion**

A number of questions and issues were raised in response to the presentations reviewed above.

- It was still not clear whether the intention is to formulate an ECD policy which focuses on vulnerable children, or rather formulating an ECD to cover all children
- Clarity was sought on the target groups for ECD interventions. Talking about Vocational training/IGAS in the context of ECD, which target group are we looking at?
- Sustainability issues: In some of the presentations, motivation of care givers was emphasised. However this needs to be taken with some caution as paying of caregivers does not promote sustainability
- How will ECD be prioritised when important national and international policy frameworks such as the PEAP, WFFC, and Millennium development goals do not emphasise ECD issues
- There is need to bring out the interrelationship between OVC, HIV/AIDS and ECD. Can ECD OVC issues be separated from general OVC issues. Should focus be on improving the OVC policy and other relevant policies e.g. (on HIV/AIDS) to ensure that ECD concerns are addressed.

## **Response**

### *The special case for the younger children*

On ECD policy for OVC or all children; it was emphasised that an ECD policy is required for all children but such policy should sufficiently bring out the particular issues concerning the most vulnerable. In the context of ECD and HIV/AIDS, 0-5 years is a formative stage and the needs of the 0-5 years are completely different from those of the older children. Young children are especially vulnerable to the harm caused by unreliable and inconsistent relationships with parents and care givers or growing up in extreme poverty and deprivation or being subjected to conflict and violence. Young children are less able to comprehend these adversities or resist harmful effects on their health, or physical mental or spiritual moral or social development. They are especially at risk where parents or other care givers are unable to offer adequate protection whether due to illness or death or due to disruption to families and or communities.

It should also be noted that HIV/AIDS puts extra pressure on the care givers. Stressed households are unable to provide the love, the care and stimulation and other essentials which the younger children critically need. Whatever the difficult circumstances, young children require particular consideration because of the rapid developmental changes they are experiencing, they are more vulnerable to disease, trauma and distorted or disturbed development and they are relatively powerless to avoid or resist difficulties and are dependent on others to offer protection and promote their best interests.

On sustainability, sustainability should be linked to economic empowerment of care givers as illustrated by the experiences of family preservation project, the HACL initiatives, the

Nkundabaana project and the Zambia programme which besides education is linking children and care givers to health nutrition services.

On target groups and IGAs, it was clarified that IGAs are targeting care givers to enable them have the minimum financial capacity to look after the OVC. Vocational training is also targeting older OVC who are taking care of their siblings.

## **6. How to make large scale OVC ECD programming effective**

Given the large numbers of OVC, there is urgent need to scale up OVC ECD interventions to cope with the magnitude of the problem. Under this theme, a number of presentations were made and these are briefly reviewed below.

### ***6.1. Experience from CCF***

The Goal of the CCF ECD programme is to enhance family, community and or Neighborhood environment in which children develop. It has 2 main components namely: Home based care and stimulation which aims at strengthening the capacity of the parents and family to provide a protective, nurturing and stimulating environment. The second component is creating local support systems. The latter involves among others centre based child development support and stimulation in group setting, involves parents and or caregivers/children in joint activities, creates separate time for children interaction with peers and non-primary caregiver adults, provides for separate time for parenting education and support in groups and continues to focus on family participation in child development programs (Family centered care and parenting education and other forms of support).

### ***6.2. Unicef experience***

The operational framework for UNICEF's intervention in ECD programmes is the HRAP, millennium development goals, WFFC and the Poverty eradication action Programme (PEAP). UNICEF essentially does not implement activities directly but rather supports sectors to implement ECD programmes. In the education sector for example, it is supporting districts to increase access to below 6 years to quality ECD programmes and supports community initiated ECD centres in various districts. It takes a multi sectoral approach and involves all departments

### ***6.3. Lessons from the NECDP project***

Dr Sam Okuonzi shared his experiences regarding the NECDP. He said that the objectives of NECD project were to create awareness about ECD, increase knowledge and skills in ECD, mobilise resources. Areas of concern were child rights, health care, income generation, nutrition and ECD promotion. The strategies used were growth monitoring, early child hood education, public sensitisation and grants and incentives for IGAs.

There was a sharp contrast between the Internal and external evaluation carried out for this project. Internal evaluation reported improved immunisation, improved dieting and breast feeding and early stimulation of children. However as far as grants and IGAS were concerned, there were no tangible benefits demonstrated, only perceived benefit were recorded and no sustainability mechanisms were envisaged or in place.

In regard to external evaluation, the findings revealed that there was no evidence base, that change of behaviour is the key factor in combating malnutrition not resources, that growth monitoring perse is not sufficient. It was also indicated that the project had been poorly designed and that there was no rigorous evaluation of pilot phase

#### ***6.4. Lessons learnt from large scale programming***

Ideally, large scale programming should be the answer to the ECD needs of large number of children especially the most vulnerable. On the basis of the presentations made, a number of lessons learnt are noted.

- Multi-sectoral /holistic approach is the way forward as no sector or agency can effectively deliver all the ECD services.
- Partnerships and alliances are important in order to achieve large scale programming
- Monitoring and evaluation is crucial to enable assessment of progress and to inform scale up
- Designing large scale programmes should start from a sound conceptual ground /theory and analysis of the situation and should involve all stakeholders and beneficiaries.
- Design and expansion of programmes should be informed by the outcomes of pilot activities
- Large scale programmes should be long term, holistic and to ensure sustainability. They need to be linked to government national systems including budgeting and planning processes. For these programmes to succeed, they must be government driven. CBOS and civil society cannot drive a national programme and succeed. Civil society can utmost influence policies of government
- Impact assessment should take into account both the short and long term as some of the interventions bear results after a long time
- Formulation of policy must be evidence based .Such evidence should be acceptable, measurable and able to be verified independently

#### ***6.5. Challenges associated with large scale programming***

While large scale programming is desirable, the challenge that is confronted by service providers is how to effectively assess impact. This is often lacking and is attributed in most instances to poor documentation of what worked and what did not work. Scale up is therefore often not adequately informed by previous experiences.

Furthermore, successful ECD programming requires prolonged engagement with beneficiaries and all duty bearers. This has enormous resource implications which are not always available.

In scaling up ECD interventions, efforts should be made to ensure that some children are not left out e.g. children with disabilities .However, this is sometimes difficult due to lack of appropriate infrastructure, technical capacity and resources to provide special needs of such children.

While net working and coordination can improve practice and sustainability in large scale programming, it is not always easy to achieve the desired level of networking resulting in disjointed and ineffective interventions.

## **7. Positioning ECD in national policy frameworks**

The discussion on this theme was informed by the presentations of senior officials from the ministry of education and the ministry of Gender, Labour and Social Development (MGLSD)

### ***7.1 Keeping the focus: comprehensive national ECD policies. A Uganda case study: Min. of education***

The presentation looked at the education sectoral ECD policy. Participants were reminded that all policies must be borne within a national context and ought to be embedded in national structures. The mission of the policy is to support, guide, coordinate, regulate and promote quality and relevant ECD services for children of age range 0-8 years. The policy further targets Parents, teachers/caregivers, local communities and service providers. Programmes for children will focus on day care centres, home based ECD centres, community based ECD centres, nursery schools and children in lower Primary classes P1-P3. Strategies which will be utilized in the implementation of the policy are ;creating a conducive environment for developing and implementing programmes, promoting e integrated approach, encouraging equitable access for all children, ensuring quality services, strengthening research, monitoring and evaluation, advocacy and sensitization and public private partnership.

### ***7.2. Positioning ECD in the national OVC framework: What needs to be done. (MGLSD)***

In his presentation, the deputy Commissioner for children and youth was of the view that OVC ECD issues should not be seen as separate from overall OVC interventions including policy. However an addendum to existing policies to address specific ECD issues could be developed. This therefore calls for scrutinising the existing OVC policy, identify the lacunae and what is not captured in an explicit manner as far as ECD issues are concerned.

He further highlighted the need for high level advocacy in partnership with civil society to demonstrate the importance of ECD and the opportunity cost of non action on ECD. He called on all actors to address the capacity of duty bearers (technical

competencies/financial hardware) to be able to develop and implement quality ECD programmes.

### **Discussion**

The following issues /questions arose from the above 2 immediate presentations

- Who is responsible for defining a national ECD policy or framework? There is need to resolve the debate as to whether we need a comprehensive ECD policy or rather a policy framework. ECD is multi sectoral and therefore must involve all stakeholders.
- Quality assurance: meeting minimum standards. (Who is monitoring e.g. the private sector led nursery education?). There were concerns regarding shortfalls in practice . e.g. boarding nursery schools and sub standard services which were attributed to poor monitoring and quality control practices on the part of the ministry of education
- There is need to strengthen research monitoring and evaluation to ensure that ECD services are of acceptable standards
- Need to expedite the drafting of the multi sectoral ECD policy but who takes the lead?. (We need a point of convergence for all sectoral policies. Strengthen the role of NCC as a coordinating body?)

### **Response**

On whether we need to develop an ECD policy or framework, the official from the ministry of education was emphatic on a policy framework so that each sector does what is within its mandate. The education sector has already taken the lead by developing the sector specific ECD policy

Concerning technical and financial capacity, the two officials from MGLSD and education were unanimous on the fact that there are still large gaps on issues of capacity both technical, financial and hardware as far as ECD was concerned. To get more resources for ECD activities, there is need to align ECD interventions and issues with government budgetary framework at national and decentralised levels (but these issues need to be articulated first). There is also need to analyse the national budget to find out what is allocated for what and use this information to advocate for more resources for ECD interventions.

On monitoring and quality standards, it was clarified that as a matter of policy, government does not allow boarding nursery schools. Besides, quality control and monitoring the standard of service delivery including nursery schools is a decentralised function which should be performed by the districts through the inspectorate division.

The official from MGLSD conceded that the OVC policy is not explicit on ECD. He further said that the ministry had developed National quality standards for the protection care and

support of orphans and other vulnerable children in Uganda which could be used as a framework for quality control in respect of ECD activities.

On coordination of ECD activities and programmes, it was reemphasised that OVC ECD issues should be mainstreamed and operationalised in different ministries so that each sector takes on its role. NCC was seen as the best placed to lead in formulating a policy framework and take on the overall monitoring and evaluation function. The ministry of education was very clear that it cannot take on the overall coordination of the OVC ECD initiatives as this was not within its mandate.

## **8. Trends in donor funding**

The official from OVC PEPFAR working group provided insights into the funding opportunities available for OVC activities. He said that in Uganda the issue is not funding but rather how programmes and the funds are managed. There are multiple sources of funding including civil society funding mechanism. He called on civil society organisations to take advantage of available funding opportunities.

## **9. Key policy and advocacy issues arising of the presentations and deliberations of the 2 day early childhood technical exchange meeting.**

The issues are categorised under the following broad headings.

### ***9.1 Policy and practice issues***

#### **ECD Policy framework**

There was consensus that there is an ECD policy gap in virtually all countries represented. The need for an ECD national policy and or framework was therefore not debatable. It was also the consensus that any ECD policy/framework should focus on all children and not just OVC. It should be holistic to cover the survival, development and protection needs of children. It should define clearly the target groups and ensure that the most vulnerable groups, communities and regions receive more attention. Any policy initiative must articulate how this policy will relate to existing policy frameworks in education, health HIV/AIDS, OVC and the conceptual understanding of the links between HIV/AIDS, OVC and ECD. The lack of this conceptual clarity was evident in the discussions during the TEM.

From the discussions and contemporary practice, any policy initiatives on Early Childhood Development should address the following issues

#### **Mechanisms for prolonging lives of children and care givers**

The policy should provide mechanisms for supporting children, parents and care givers to live longer. Availability of drugs is no longer an issue as these drugs are now more available compared to the situation in the past. It was pointed out that cotrimoxazole prophylaxis and ART have a great impact on the survival of children. It has been demonstrated for example

that with no treatment only 47.5% of the infected children survive at 2 years, with cotrimoxazole only, survival is 77.5% and with ART it is 88.5%. It is thus clear that with no interventions, HIV children in Sub Saharan Africa countries have short survival expectations with less than 50% alive by 2 years.

Equally important is the survival of mothers and or care givers. The longer they survive, the longer their children or children under their care survive too. This calls for measures to prolong the lives of care givers. This can be achieved by ensuring that there are affordable and accessible drugs during delivery for mother and post delivery for child to reduce mother to child transmission, affordable and accessible life prolonging medicines (ARVs) and prioritisation of treatment for opportunistic infections for care givers of young children.

### **Promote Community based options as opposed to institutional options.**

The Convention on the rights of the child (CRC), The African Charter on the rights of the child (ACRWC), the National orphans and other vulnerable children policy (NOP) are in conformity to the fact that vulnerable children are better cared for in a family /community setting rather than institutions. Institutions are too expensive and are not able to provide the secure attachments, young children need or the social network s older orphans will need to make it in later life. Community options are more cost effective, sustainable and promote better the best interests of the child.

All the experiences shared in the meeting indicated that this is the practice. However, there is need for responsible government agencies to ensure that this policy is adhered to. Anecdotal evidence in Uganda for example suggests that there is resurgence of institutional approaches to the care of OVC. In light of weak or non- existent monitoring mechanisms, this is a big cause for worry as the rights of children in these institutions may be at stake. It was evident already from the discussions that poor standards of ECD services are partly attributed to lack of and or poor enforcement of standards and regulations. All in all, it is absolutely urgent to test and document community based models before they are scaled up.

### **Focus on the needs of children and their parents/care givers**

Ensure that the needs of parents and caregivers are well assessed and addressed. This is imperative as parents and care givers with unmet needs will directly affect the ability and quality of care they give to the children under their care. Experiences shared revealed that effective interventions should include a combination of economic enhancement, material and psychological support. There were many examples given e.g. the voluntary savings and loan scheme,(Nkundabaana model in Rwanda ),provision of psycho social skills and interventions to care givers and children (all countries), Housing improvement and micro enterprise support to families (FAP-Uganda ),IGA (HACI) and others. Supporting IGAs remains

a key strategy in helping poor households to improve their incomes and subsequently their ability to meet the needs of OVC.

## ***9.2 Strategy issues***

### **Greater understanding of ECD issues**

Throughout the discussions, it was evident that there is need for greater understanding of OVC issues at national and decentralised levels as well as in the general community. This is important to ensure that ECD issues are incorporated in the planning and resource allocation decisions and the extent to which they support and or get involved in ECD programmes. It further enables communities to realise the importance of ECD and demand for ECD services and could help to bridge the disconnect between service providers and target groups. Central to this understanding is duty bearer's appreciation at all levels that early child hood interventions should combine prevention, service provision and treatment and should aim at meeting the rights of all vulnerable children.

### **Linking ECD activities to existing opportunities**

Look out for opportunities e.g. linking ECD to existing school systems(case of Zambia).This could be used by countries like Uganda to scale up ECD interventions and countries like Rwanda to adopt this idea in the ongoing discussions concerning ECD However the multidimensional nature of ECD should be borne in mind while considering this strategy.

### **Building an evidence base**

There is need for building evidence base and utilising the evidence in programming and advocacy. Collecting data to obtain a comprehensive picture of service delivery, paying particular attention to the OVC should be an important component of this evidence base.

Most presentations emphasised documentation of their programme/project activities to inform dissemination and sharing of experiences and replication of interventions. Documentation is also important as it provides a critical "raw material" for advocacy. Most of the countries represented in the TEM cited documentation as one of the things that has worked as far as scaling up interventions and or reviewing practice are concerned. A strong evidence base is essential for improving coordination and learning from each other and building strong monitoring and evaluation frameworks.

### **Strengthening ECD service delivery systems and partnerships**

In order to reach out to the millions of children requiring ECD services, Government as the primary duty bearer must be at the forefront for providing ECD services. However for this to be achieved there should be in place adequate structures and systems to support this. It was a common concern in all the countries represented that lack of resources, capacity and infrastructure for ECD was negatively impacting on ECD service delivery. Government efforts therefore can be supplemented by looking out for other opportunities e.g. building and strengthening alliances and partnerships with civil society organisations. It was evident in the

different country experiences represented, that partnerships is a key strategy and has “worked magic” for most of them. Building alliances and partnerships with civil society, the private Sector, communities FBOs care givers and others is strategic as ECD interventions need to be delivered through a multi-sectoral holistic approach. No single agency/organisation can adequately meets the ECD multiple needs of children particularly the most vulnerable.

#### **Attention to situation and contextual analysis**

Experiences shared in the TEM indicated that it is very important to pay attention to pre implementation planning. There should be a comprehensive assessment, analysis and understanding of the situation and operational context including involvement and dialogue with all stakeholders and beneficiaries. Interventions should build on existing initiatives as this engenders ownership and sustainability. Similarly scaling up ECD interventions should be based on tested models and well documented approaches and strategies of what actually works. Failures of some ECD initiatives e.g. the Uganda NECDP are attributed to inadequate pre implementation planning and analysis and failure to learn from the outcomes of the pilot phase.

### ***9.3. Advocacy issues (general)***

#### **Identify an advocacy agenda**

Government has an obligation to champion ECD policy development and scaling up of interventions to ensure that ECD issues are adequately addressed. Civil society organisations can use their practical programming practices and experiences to inform policy and practice. Advocacy should for example aim at demonstrating the importance of ECD and the opportunity cost of not investing in early child hood development, scaling up ECD interventions basing on good practice and what has worked ,ensuring that resources for ECD programmes are incorporated into the national and district plans and budgets as a way of institutionalising ECD in the national agenda and as a mechanism for sustainability, and ensuring that ECD programmes reach out to the normally excluded and marginalised children e.g. children with disabilities, children affected by conflict and disaster, children living on the streets, children made vulnerable by HIV/AIDS and other groups of vulnerable children.

### **9.4 Immediate advocacy issues**

#### ***Coordination***

In Uganda and other countries represented in the TEM, Early childhood development generally receives low priority. ECD services are fragmented, and scattered within several government departments at central and local level. Planning for ECD services is often piece meal and uncoordinated. ECD services have largely been provided by the private and

voluntary sector without adequate resources, regulation and quality assurance. ECD programming would greatly benefit from systematic, integrated and well coordinated approach.

The experiences shared in this meeting revealed the complexities and challenges of coordinating multi sectoral initiatives such as ECD. In the Uganda case, some sectors e.g. education have already gone ahead to formulate a sector specific ECD policy which is now in the implementation stage. The education ECD policy paper states that “by employing integrated and holistic approaches, the ministry will work with other ministries in a wide range of initiatives to meet children’s needs and rights”. These “wide range” of initiatives are not all defined in this sector policy which implies that they have to be articulated by other sectors. The education sector does not see it as its role to ensure that this happens. This is where the role of a coordinating body becomes critical.

In the Uganda context, the mandate for coordination of children related issues falls with the National Council for children (NCC). This was unequivocally reiterated in this meeting. However NCC currently faces many constraints (structural, resources) among others which have affected its ability to effectively play this role. Restructuring the NCC to make it more autonomous is seen as a possible way of strengthening its role. Whether this is the fundamental issue or not, advocacy efforts should be geared at expediting the restructuring process which has been pending for a couple of years now. Alternatively, advocacy could also aim at identifying and building consensus on another suitable agency that can take overall responsibility for coordinating ECD services. However in the short term, the momentum generated by this meeting should not be lost (see 12 below)

#### ***Policy framework***

There was consensus that the lack of a national policy framework was negatively affecting the quality and coverage of ECD programmes. The debate was on whether this gap can be filled by developing an ECD policy framework rather than a comprehensive policy. The former is justified by the fact that ECD cuts across many sectors some of which have already developed different policies. What may be more rational, is to examine how ECD issues have been addressed or not in these policies and review them to include OVCECD concerns. In this regard the policy framework would be the point of reference for different sectors to develop and or mainstream ECD into their sectoral policies. Developing an ECD policy framework is the role that NCC should spearhead.

#### ***Funding for ECD programmes***

Currently the Government funding focus on ECD programmes is insufficient. This situation clearly needs to change. However this needs to be looked at in relation to other funding opportunities available in the country as already pointed out. It should be reiterated that advocacy for greater funding must be informed by proper analysis of what the issues are,

what strategies to address them and the short and long term impact of not paying adequate attention to ECD programmes. The years 0-8 is when the brain growth is most rapid and it is the time when the foundations of development are established. Deprivation during this period will have irreversible effects on the overall development of the child.

## **10. Achieving Impact in ECD programmes**

All ECD interventions should aim at realising long term and lasting impact on the lives of children. Therefore interventions should be impact oriented and adequate mechanisms for measuring impact should be built into all interventions. In this regard, the need to measure impact of ECD programmes particularly on children (positive change in the lives of children in the short and long term) was emphasised throughout the discussions. This entails developing and or adapting measurement tools e.g. Ages and Stages questionnaire (ASQ). It also implies developing appropriate indicators.

Monitoring and evaluation should be given priority as this forms the basis for ensuring that interventions and outcomes are used to inform ECD programming and practice. Documentation, dissemination of learning, sharing experiences, addressing shortfalls and inadequacies are core to ECD programmes. All efforts should be made to ensure that issues of difference (gender, disability etc) are addressed as these have a direct bearing on the vulnerability of children

## **11. Way forward**

The following are some of the broad strategies that were noted in the course of the discussions and or proposed as way forward on how to place OVC Early childhood development on the National HIV/AIDS and ECD agenda.

### ***11.1. Improved coordination and linkages among ECD service providers***

Civil society working in the field of ECD need to be better organised to tap into the numerous funding opportunities available for OVC interventions including the recently initiated civil society mechanism (Uganda). Better coordination, linkages and sharing of information among service providers and where feasible joint planning, implementation, monitoring and evaluation is needed. What will be helpful is knowing how to bring out very clearly the strategic importance of ECD in OVC programming. Taking action on the current fragmented, scattered and uncoordinated OVC ECD responses is central to all these.

### ***11.2. Scale up interventions***

It is important to scale up what we are doing to reach out to the most vulnerable children who require ECD interventions. The need is great, which implies that maintaining individual islands of excellence targeting small numbers of children is not a solution to the current levels of vulnerability for children, which has been exacerbated by HIV/AIDS, exclusion on the basis

of gender, disability and conflict among other things. Scaling up interventions will entail extensive strengthening of communities to lead delivery and coordinating care for vulnerable children both thematically geographically and holistically. It should also ensure that extremely poor families and HIV-affected households are especially targeted.

### ***11.3. Analysis of existing policies for OVC ECD issues***

Formulating an ECD policy or framework can benefit from an analysis of existing sectoral policies, to identify the extent to which these address ECD concerns and use this information to decide on the best approach to deal with the current ECD programming issues either through mainstreaming, or through a discrete ECD policy/framework.

### ***11.4. Strengthen data collection***

ECD service providers should invest more in research, training and data collection to ensure that there is sufficient data on all aspects of early childhood for the formulation, monitoring and evaluation of progress achieved and for assessment of the impact of policies. Disaggregated data by age gender and family status should be collected and should cover all children with specific emphasis on early childhood, particularly children belonging to vulnerable groups. This re echoes need for evidence based advocacy, the importance of which was emphasised through the 2 day consultative meeting. It is also imperative to document what works and ensure that outcomes and lessons learned are shared widely amongst the various ECD players.

## **12. Keeping the momentum**

In order not to lose the momentum generated by the 2 day meeting UCRNN through its ECD thematic working group should identify and commission ECD experts to examine all appropriate sectoral policies with the view of identifying issues that could be included in an ECD policy framework. This would be the basis for further consultation with relevant government structures at national and district level and other stakeholders. The analysis of sectoral policies and policy framework should ensure that issues of ECD services for vulnerable children receive particular attention. The thematic group can also take on other advocacy issues highlighted in this report.

Further more all stakeholders should disseminate the report of the technical exchange meeting and ensure that all their staff have sufficient understanding of the principles and basics of ECD programming .

Countries/programmes which participated in the technical exchange meeting and are currently looking at ECD policy issues can use the discussions to inform their own processes.

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